

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION <div style="display: flex; justify-content: space-around;"> <div>Rework <input type="checkbox"/></div> <div>Sk'd-tube <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Scrap <input type="checkbox"/></div> <div>Machining <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Use-as-is <input type="checkbox"/></div> <div>Thermoforming <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Work Order Update <input type="checkbox"/></div> <div>Large Fab <input type="checkbox"/></div> </div>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> <div>Crosstube <input type="checkbox"/></div> <div>Small Fab <input type="checkbox"/></div> <div>Finishing <input type="checkbox"/></div> <div>Composite <input type="checkbox"/></div> </div> <div> <div>Water Jet <input type="checkbox"/></div> <div>Prod. Eng. Coord. <input type="checkbox"/></div> <div>Rec/Store/Packaging <input type="checkbox"/></div> <div>Supplier <input type="checkbox"/></div> </div> <div> <div>Engineering <input type="checkbox"/></div> <div>Quality <input type="checkbox"/></div> <div>Other <input type="checkbox"/></div> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 96388

Monday, January 28, 2013 9:16:19 AM

96388

Page 2

Item ID: D4640-5 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: LH Wall Protector
 Start Date: 1/28/2013 Start Qty: 13.00 ***13*** Cust Item ID:
 Required Date: 2/11/2013 Req'd Qty: 13.00 ***13*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC Quality Control	QC8- Inspect parts - second check Memo USE TEMPLATE TO MARK HOLE LOCATIONS WITH A FINE POINT MARKER ON TEXTURED SIDE	0.00 0.00				13			
130 *130* Packaging Packaging	Identify as per dwg & Stock Location: _____ Memo	0.00 0.00				13		13/2/22	
140 *140* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00 0.00						13/2/25	

13-02-22

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Picklist Print

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Page 1

Work Order ID: 96388

96388

Parent Item: D4640-5

D4640-5

Parent Item Name: LH Wall Protector

Start Date: 1/28/2013

Required Date: 2/11/2013

Start Qty: 13.00

Required Qty: 13.00

Comments: IPP REV:A 12.05.08 NEW ISSUE DD VERF:EC
12.10.17 AS PER REV.B VERF:JLM

IPP REV:B

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.093-F6006-07		Purchased	No			100	sf	1,261.600	16	218.9474			
MI FXS 093-F6006-07									**	<u>220</u>			<u>Jan 3-2-13</u>
GE PLASTICS LEXAN SHEET													
						<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>			
						MAT023		1261.6					
						114459		229.26					
						123105		1032.34		<u>123105</u>			

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Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
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